U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8094	2. Fiscal Year Covered From:		
	1/1/204 Through: 12/31/204		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name THOMAS E KENDALL	Name CEMENT MASONS UNION LOCAL NO. 502		
	Labor Organization File Number [012-533]		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 115 THRD ST	Street 739 S. 25th N.E		
City MANUATTAN	City BELLWOOD		
State IL ZIP Code +4 60442-9117	State IC ZIP Code + 4 60104-1995		
5. Position in labor organization. PENSION FUND TRUSTEE			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).			
and the state of t	7.a. Nature of Interest, Transaction, or Income.		
Name			
the second secon			
Name			
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		

Telephone Number

Name of Person Filling THOMAS E KENDALL	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name CENTLY MASONS ENSTITUTE  Trade Name, if any:	9. Business deals with:  a. Labor Organization
P.O. Box, Bldg., Room No., if any  Street 739 5 25+15 AV.E.  City BUU000	b. Trust  c. Employer
State IL ZIP Code + 4 60104-1494	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Comont robsons Local Sol. PENSIED FUND	TRUSTEE
P.O. Box, Bldg., Room No., if any	
Street 739 \$ 254K AVE	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.  REIMBURSEMENT FOR LOSTS OF WAGES FOR  ATTENDING TRUSTEE MERTINGS
	12.b. Amount. 12.34, 40
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing THOMAS & KENDALL		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name COLMENT MASONS ENSTITUTE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 739 S 15+16 AUE  City BELLENCOD  State IL ZIP Code +4 (10104-1994)	9. Business deals with:  a. Labor Organization b. Trust c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name CEMENT MASONS DEAL SOL PENSION FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 73.9 S 25+15 Ave  City British or 5  State IL ZIP Code + 4 Loc iou-1994	ATENDING DOU ENDUCATIONAL CO	e of such dealing.  I or income received.  T. POR LOSS OF WARES FOR  H. ERISA REQUIRED  WEERENCE			
	12.b. Amount.	141000			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
Stale ZIP Code + 4					
13 h is the Business an Employer or Consultant ?	14.b. Amount of payment.	ga geomina a sigilah mahini kamaning bibih menggana a ang kata dan dengan kanan dan dan dan dan dan dan dan dan dan			

Name of Person Filing THOMAS & KENDALL		File Number U-			
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8. Name and address of Business (including trade name, if any).  Name CUMLUT MASONS TUSTIVITE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 739 S 254 h AVC  City BUWSOD  State IU ZIP Code +4 Coro4-1994	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name CEMENT MASEN 3 LOCAL SOR PENSION FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street T39 S 25th RV2  City BELL WES  State ZIP Code + 4 LOCION-1961	11.a. Nature of such dealing.  TRUSTEE  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  REIMBURSEMENT FROM TRUST FUND FOR DOL +  ERISA REQUIRED EDUCATIONAL CONFERENCES FOOD,  TRAVEL + LODGING IN THE EXERCISE OF MY.  PIDVOIARY DUTY				
	12.b. Amount.	2967.59			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant  14.a. Nature of payment.					
(including trade name, if any).  Name					
P.O. Box, Bldg., Room No., if any Street City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	The profession of the Control of the			

Name of Person Filling THOMAS & KENDALL		File Number U-		
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8. Name and address of Business (including trade name, if any).  Name RNOLD AND KADJAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street ROUTACKSON BUYD  City Cst (Caspo  State RUP Code + 4 (201604-2958)	9. Business deals with:  a. Labor Organization b. Trust c. Employer	iion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ıg.		
Name CERTEST INSIGNATION CITY TO A PENSION FIND.  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	TRUST FUND. A	L≟tekv.ξ.Ñ		
Street 75% 5 254K A&Z	11.b. Approximate dollar value	of such dealing.		
City <u> ชินันเมื่อช่ว</u> State <u> เป็นอนุ่ม</u> ZIP Code + 4 <u> เป็นอนุ่ม</u> สุดนุ	12.a. Nature of interest held			
	12.b. Amount.	14078		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment	Definition of a significant control and the significant areas to enterine a significant and a signific		